



*Serving those who serve South Carolina*

# 2017 MoneyPlus

## Keep track of your cash

WageWorks  
800.342.8017 | Fax: 888.800.5217  
[www.myFBMC.com](http://www.myFBMC.com)

# Important information for benefits administrators

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- This overview is not meant to serve as a comprehensive description of the benefits offered by the South Carolina Public Employee Benefit Authority (PEBA).
- For more information, have the *Benefits Administrator Manual*, *Insurance Benefits Guide* and *MoneyPlus Tax-Favored Accounts Guide* handy as you read through this presentation.

# MoneyPlus

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Benefits administrators and others chosen by your employer who may assist with insurance enrollment, changes, retirement or termination and related activities are not agents of PEBA and are not authorized to bind PEBA.

# MoneyPlus

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This presentation contains an abbreviated description of insurance benefits provided by or through PEBA. The plan of benefits documents and benefits contracts contain complete descriptions of the health and dental plans and all other insurance benefits. Their terms and conditions govern all health benefits offered by or through PEBA. If you would like to review these documents, contact your benefits administrator or PEBA.



# MoneyPlus facts

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- IRS Section 125 Plan
  - Also called a cafeteria plan
- Subscribers have more spendable income with MoneyPlus
- Contributions reduce adjusted gross income

# MoneyPlus

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Full-time, active employees are eligible to participate in these MoneyPlus features:

- Pretax Group Insurance Premium feature
- Dependent Care Spending Account (DCSA)
- Medical Spending Account (MSA)
- Health Savings Account (HSA) - if enrolled in Savings Plan
- Limited-use MSA – if enrolled in Savings Plan and HSA



# MoneyPlus

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Benefits-eligible, non-permanent employees are eligible to participate in these MoneyPlus features:

- Pretax Group Insurance Premium feature
- HSA - if enrolled in Savings Plan
- Limited-use MSA – if enrolled in Savings Plan and HSA

# Pretax Group Insurance Premium Feature

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- Employees' and dependents' health, dental and vision premiums paid on pretax basis
- Premiums for first \$50,000 of coverage for Optional Life insurance paid on pretax basis (for employees only)
- Employee must complete *Notice of Election* (NOE) form to enroll or cancel

# Pretax Group Insurance Premium feature

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- \$0.28 monthly administrative fee
- Pretax Group Insurance Premium feature (once enrolled, do not need to re-enroll)
- Employee can enroll when hired
- May also enroll due to special eligibility situations or during October enrollment



# Flexible spending accounts

Enrollment and eligibility



# DCSA eligibility

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- Can enroll within 31 days of date of hire, within 31 days of change in status or during open enrollment in October
- Must be a full-time employee eligible for health plan benefits

# MSA and Limited-use MSA eligibility

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- Can enroll within 31 days of date of hire, within 31 days of change in status or during open enrollment in October
- Must be a full-time employee eligible for health plan benefits



# DCSA enrollment



# DCSA enrollment

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- Must re-enroll each October
- No changes during year without change in status (i.e., marriage, birth, etc.)
- \$3.14 monthly administrative fee
- Alternative to dependent care tax credit (both file on IRS Form 2441)
- In 2017, highly compensated employees will have their DCSA capped at \$1,700

# DCSA enrollment



**IF YOU ENROLL IN A HEALTH SAVINGS ACCOUNT (SECTION A), YOU CANNOT ENROLL IN A MEDICAL SPENDING ACCOUNT (SECTION C), BUT MAY ENROLL IN A LIMITED-USE MEDICAL SPENDING ACCOUNT (SECTION B).**

<b>C Medical Spending Account</b>	<b>D Dependent Care Spending Account (for child/adult day care)</b>
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> RE-ENROLLMENT Receive reimbursement for eligible medical expenses incurred by you, your family members or both. [Maximum allowable contribution is \$2,500 annually.]	<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> RE-ENROLLMENT Tax filing status, please check one: <input type="checkbox"/> Married, filing separately (Maximum - \$2,500) <input type="checkbox"/> Single, head of household (Maximum - \$5,000) <input type="checkbox"/> Married, filing jointly (Maximum - \$5,000)
<b>Box #1</b> 2014 Plan Year Total Dollar Amount (January 1, 2014 – December 31, 2014) _____	<b>Box #1</b> 2014 Plan Year Total Dollar Amount (January 1, 2014 – December 31, 2014) _____
<b>Box #2</b> Number of Regular Paychecks ÷ _____	<b>Box #2</b> Number of Regular Paychecks ÷ _____
<b>Box #3</b> Reduction Per Regular Paycheck = _____	<b>Box #3</b> Reduction Per Regular Paycheck = _____
Your payroll center will automatically deduct the monthly fee (\$3.14) in addition to the above amounts.	
<b>DO YOU WISH TO PARTICIPATE IN THE myFBMC Card® PROGRAM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If you select the card, your Medical Spending Account will be assessed a \$10 per-plan-year fee. <b>Note:</b> You must select "YES" above if you wish to continue using your myFBMC Card®.	Your payroll center will automatically deduct the monthly fee (\$3.14) in addition to the above amounts.

☐ I plan to retire or terminate my employment before December 31, 2014. I wish to have my full amount (in Box #1 of any and all accounts) withheld from my first \_\_\_\_\_ paychecks (this number should be less than Box #2 of any and all accounts).

**Please read reverse side before signing this form below.**

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>
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<b>FOR BA USE ONLY:</b>	For MONEYPLUS eligibility purposes, I certify that this employee is eligible for the Account(s) in which the employee is enrolling. If the employee has enrolled in an HSA, I certify that the employee is also enrolled in the State Health Plan Savings Plan, and, if applicable, has correctly accounted for the Employer Contribution.			
	<b>EMPLOYER/BENEFITS ADMINISTRATOR SIGNATURE:</b>	<b>DATE:</b>		
	Effective Date _____	Payroll Date _____	Payroll Center _____	Payroll Frequency _____ Group Number _____

<b>ADMINISTRATOR USE ONLY</b>	DATA ENTRY	VERIFICATION	SCANNED	INDEXED
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**BENEFITS ADMINISTRATORS: Send signed form to: Enrollment Processing, P.O. Box 1840 Tallahassee, FL 32302-1840**



# DCSA enrollment

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- \$5,000 annual contribution limit
  - Married filing jointly
  - Single head of household
- \$2,500 annual contribution limit
  - Each filer, married filing separately
- \$3,000 annual contribution limit for one dependent; \$5,000 for two or more dependents
  - Spouse, if full-time student
  - Spouse, if incapable of self-care



# DCSA enrollment

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- Visit [www.myFBMC.com](http://www.myFBMC.com) during October enrollment period to re-enroll online
- Call WageWorks Customer Service at 800.342.8017 for more information



# DCSA facts



# DCSA eligible dependents

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- Children younger than 13
- Live-in, dependent parents
- Family members with disabilities (any age)



# DCSA expenses

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- Eligible expenses
  - Day care center fees
  - Summer day camp fees
  - Care can be provided at employee's or caregiver's home
    - Fees for in-home care while employee or spouse is working
- Ineligible expenses
  - Tuition
  - Kindergarten
  - Overnight summer camp



# DCSA plan year

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- Unused funds do not carry over to next year
- Quarterly statements from WageWorks



# DCSA reimbursement

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- Money must be in MoneyPlus account to receive reimbursement
- Submit MoneyPlus claim form
- Must be able to provide caregiver's tax identification number if asked by IRS



# DCSA reimbursement

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- Claim is paid after last date of service
- Subscriber may submit invoice or statement with name and address of provider if claim form isn't signed by provider

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# **MSA enrollment**



# MSA enrollment

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- Must re-enroll each October
- Cannot make changes during the year without change in status (i.e., marriage, birth, etc.)

# MSA enrollment



**★ IF YOU ENROLL IN A HEALTH SAVINGS ACCOUNT (SECTION A), YOU CANNOT ENROLL IN A MEDICAL SPENDING ACCOUNT (SECTION C), BUT MAY ENROLL IN A LIMITED-USE MEDICAL SPENDING ACCOUNT (SECTION B).**

## C Medical Spending Account

☐ NEW ENROLLMENT ☐ RE-ENROLLMENT

Receive reimbursement for eligible medical expenses incurred by you, your family members or both. [Maximum allowable contribution is \$2,500 annually.]

**Box #1** 2014 Plan Year Total Dollar Amount  
(January 1, 2014 – December 31, 2014) \_\_\_\_\_

**Box #2** Number of Regular Paychecks ÷ \_\_\_\_\_

**Box #3** Reduction Per Regular Paycheck = \_\_\_\_\_

*Your payroll center will automatically deduct the monthly fee (\$3.14) in addition to the above amounts.*

**DO YOU WISH TO PARTICIPATE IN THE myFBMC Card® PROGRAM?** ☐ YES ☐ NO

If you select the card, your Medical Spending Account will be assessed a \$10 per-plan-year fee.

**Note:** You must select "YES" above if you wish to continue using your myFBMC Card®.

☐ I plan to retire or terminate my employment before December 31, 2014. I wish to have my full amount (in Box #1 of any and all accounts) withheld from my first \_\_\_\_\_ paychecks (this number should be less than Box #2 of any and all accounts).



**Please read reverse side before signing this form below.**

**EMPLOYEE SIGNATURE:**

**DATE:**

**FOR BA  
USE ONLY:**

For MONEYPLUS eligibility purposes, I certify that this employee is eligible for the Account(s) in which the employee is enrolling. If the employee has enrolled in an HSA, I certify that the employee is also enrolled in the State Health Plan Savings Plan, and, if applicable, has correctly accounted for the Employer Contribution.

**EMPLOYER/BENEFITS ADMINISTRATOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Effective Date \_\_\_\_\_ Payroll Date \_\_\_\_\_ Payroll Center \_\_\_\_\_ Payroll Frequency \_\_\_\_\_ Group Number \_\_\_\_\_

**ADMINISTRATOR  
USE ONLY**

DATA ENTRY

VERIFICATION

SCANNED

INDEXED

**BENEFITS ADMINISTRATORS: Send signed form to: Enrollment Processing, P.O. Box 1840 Tallahassee, FL 32302-1840**



# MSA enrollment

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- Visit [www.myFBMC.com](http://www.myFBMC.com) during October enrollment period to re-enroll online
- Call WageWorks Customer Service at 800.342.8017 for more information

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# **MSA facts**



# MSA facts

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- \$3.14 monthly administrative fee
  - A full-time employee enrolled in an MSA and a DCSA pays only one \$3.14 monthly fee
- In 2017, limit is \$2,600 per state-covered employee
  - If spouse works for a PEBA participating employer, each can contribute \$2,600 to an MSA
- Income tax
  - Can only deduct medical expenses that exceed 10 percent of adjusted gross income
- No double-dipping
  - Employee cannot be reimbursed from MSA for expenses paid by insurance



# MSA eligible expenses

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- Prescription drugs
- Medically necessary (cosmetic services are not covered)
- Deductibles for health/dental
- Orthodontia with copy of patient/dentist contract
- Vision care



# MSA eligible expenses

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- Copays, coinsurance and eligible non-reimbursed out-of-pocket expenses
  - Annual physical exams not covered by health insurance
- Certain approved over-the-counter (OTC) medicines with prescription



# MSA reimbursement

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- Subscriber must have statement or bill or *Explanation of Benefits*
- Claim is paid after last day of service (except for orthodontic work)

# MSA plan year and grace period

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## MSA and Limited-use MSA

- Account must have money in it on December 31, 2016
- Can incur expenses and use unspent 2016 money through March 15, 2017
- All documentation must be submitted by March 31, 2017
- Quarterly statements from WageWorks

# MSA myFBMC card®

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- No annual fee
- Subscriber will receive two cards
- Documentation rules don't change

# MSA myFBMC card®

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- Using card for medical expenses
  - Without card
    - Send documentation
    - Then get reimbursed
  - With card
    - Pay for expenses
    - Then send documentation (if required)



# MSA myFBMC card®

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- Card can be used to pay deductibles and copays (i.e., prescriptions)
- Card can be used for non-covered vision care and dental expenses



# MSA myFBMC card®

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- myFBMC Card® eligible expenses can be used at drug stores, such as:
  - Walgreens, CVS, etc.
  - Mail-order pharmacies
  - Other pharmacies listed at [www.myFBMC.com](http://www.myFBMC.com)
- Over-the-counter medical supplies included (diabetic, contact lens)
  - OTC drugs and medicines require a prescription to be reimbursed
- Physicians/other medical providers eligible

# MSA myFBMC card®

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- Automatic adjudication with card
  - Most pharmacy transactions completed with no further documentation when card used
  - Electronic transactions contain enough data to satisfy IRS documentation requirements



# MSA myFBMC card®

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Why myFBMC Card® may not work

- Card never activated
- Card suspended due to outstanding documentation
- Transaction request exceeds MSA balance
- Card given to non-eligible health care provider

# MSA expense documentation

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- Quarterly statements highlight card transactions that need documentation
  - Card suspended if same transaction appears on two statements
  - If card suspended, send documentation to have card reactivated



# MSA ineligible expenses

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Why is documentation required for a doctor's office transaction? After all, that is a medical provider.

- Not all transactions at a medical provider are eligible.
- Examples of ineligible expenses:
  - The purchase of vitamins or books on health from a doctor's office
  - A neighbor's child is injured while playing in your yard, and you take him to your family doctor. The card will not work because while the child was taken to a medical provider, the child is not your dependent. Therefore, the child is not eligible to receive benefits under the State Health Plan, and MoneyPlus is part of the State Health Plan.

# MSA automatic substitution

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- Card documentation outstanding — paper claims submitted later will be substituted for outstanding amount of card transaction
- Employee will receive reimbursement for difference if paper claim is less than outstanding card transaction amount

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# Limited-use MSA facts



# Limited-use MSA facts

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- Available only to full-time employees who participate in Savings Plan and HSA
- Set aside up to \$2,600 for vision and dental expenses
- \$3.14 monthly administrative fee

A decorative graphic on the left side of the slide consisting of several concentric, overlapping circles in shades of light blue and white, creating a ripple effect.

# **MoneyPlus claims**

How to file

# MoneyPlus claims



## MoneyPlus Claim Form for FSA and the Payment Card

Page \_\_\_\_ of \_\_\_\_  
**USE ONLY BLACK INK**

PLEASE READ THE INSTRUCTIONS ON THE BACK PRIOR TO COMPLETION.  
KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEND COPIES OF ORIGINAL RECEIPTS.

### PERSONAL DATA

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#, Employee or member ID Number: \_\_\_\_\_ Employer: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

☐ PLEASE CHECK HERE IF THIS IS A NEW ADDRESS.

### By submitting this Claim form I understand, agree and certify to the following:

- I will use my FSA to only pay for IRS-qualified expenses, permitted under my Employer's plan(s), provided to me and my IRS-eligible dependents, on the date(s) indicated below as being incurred within my period of coverage under the applicable plan year.
- I will request reimbursement only after the services have been provided.
- I have not and will not seek reimbursement through any other source, and will exhaust all the other sources of reimbursement, including those provided under my Employer's plan(s), before seeking reimbursement from my FSA.
- I specifically release my Employer and WageWorks, from any liability resulting from either my participation in any FSA or for any misrepresentation I make regarding my requests for reimbursement.
- I have read and understand the information on the front and back of this form.
- If I participate in my Employer's Dependent Care FSA Plan, I will file a Form 2441 with my income tax return and provide any taxpayer identification number required.
- The dependent care expenses I submit for reimbursement were incurred to allow me and my spouse (if married), to work or actively look for work.



Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT TYPE Place a check mark [✓] in the box(es) and fill in claim amount of any that apply below (Medical FSA expenses ONLY):

- A. ☐ I used the payment card to pay for these expenses - must attach documentation for transactions requiring documentation. \$ \_\_\_\_\_
- B. ☐ Please pay me for these out-of-pocket expenses - documentation must be attached. \$ \_\_\_\_\_
- C. ☐ Please apply attached documents as substitution toward card transactions requiring documentation. \$ \_\_\_\_\_  
for lost documentation or substantiation of an ineligible charge.<sup>1</sup>

**MEDICAL FSA** Fill out completely (use for eligible medical expenses for yourself and qualifying dependents)



# MoneyPlus claims

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- Mail claims to the address on the form  
WageWorks  
PO Box 14766  
Lexington, KY 40512-4766
- Fax claims to the fax number on the form  
888.800.5217



# MoneyPlus claims

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- File claims online
  - File online at [www.myFBMC.com](http://www.myFBMC.com)
  - Acceptable document formats: .jpg, .bmp or .gif
  - Individual file sizes cannot exceed 3 megabytes
  - Scan completed claim form and supporting documentation and save as separate files before beginning process
    - You will upload claim form and documentation separately



# MoneyPlus claims

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- Direct deposit available for reimbursement of expenses
  - Direct Deposit forms are available online
- myFBMC Card<sup>®</sup> can be used for MSAs only



# **HSA enrollment and eligibility**



# HSA eligibility

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- Cannot be covered by any other type of health plan, including Medicare
- Contributions made only when enrolled in the Savings Plan, a high-deductible health plan
- HSA funds only can be used to pay eligible expenses for persons you can claim on your taxes; dependents claimed on someone else's taxes are not eligible



# HSA enrollment

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- Complete Box A of the *MoneyPlus Enrollment Form*, then give the form to your BA or payroll center.
- Go to [www.peba.sc.gov/moneyplus.html](http://www.peba.sc.gov/moneyplus.html) and select Open HSA Bank Account with Optum, and click on the custom individual enrollment  
URL: [https://enrollhsa.optumbank.com/hsaAppWeb/WelcomeAction.do?is\\_partner\\_post=Y&group\\_num=HB2470](https://enrollhsa.optumbank.com/hsaAppWeb/WelcomeAction.do?is_partner_post=Y&group_num=HB2470)

# HSA enrollment



**wageworks**

P.O. Box 1840, Tallahassee FL 32302-1840

**SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY  
INSURANCE BENEFITS MONEYPLUS ENROLLMENT FORM**  
You must complete this form if you wish to start a tax-free Medical Spending and/or  
Dependent Care Spending Account or to enroll in or change a Health Savings Account.

Please be sure to read the IMPORTANT information on the back of this form. Submit your completed form to your Benefits Administrator. Please press hard with a black ballpoint pen.

Name (Please Print) Last		First	MI	Social Security #	
Mailing Address Street (HSA participants cannot list a P.O. Box.)		City	State	ZIP Code	Date of Birth / /
Physical Address Street		City	State	ZIP Code	
Daytime Phone ( )	Home Phone ( )	Date of Hire / /	E-mail Address		

Complete **Section A** to enroll in or to change a **Health Savings Account**. (Additional forms will be required to establish your HSA. Refer to your **Tax-Favored Accounts Guide** for more information.) If you would also like to enroll in a **limited-use Medical Spending Account** for eligible dental and vision expenses, complete **Section B**. To enroll in a **Medical Spending Account**, complete **Section C**. To enroll in a **Dependent Care Spending Account**, complete **Section D**. In **Box #1**, indicate the dollar amount you elect to contribute for the upcoming plan year. In **Box #2**, indicate the number of regular payroll checks you will receive during the upcoming plan year. In **Box #3**, indicate the reduction amount per paycheck. (Note: If Box #2 times Box #3 does not equal Box #1 exactly, the amount in Box #3 may be changed slightly by WageWorks, due to rounding.)

## A Health Savings Account (Additional forms are required.)

<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> CONTRIBUTION AMOUNT CHANGE		
<b>Select which type of SHP Savings Plan coverage you have:</b> <input type="checkbox"/> Individual (\$3,300 maximum in 2014) <input type="checkbox"/> Family (\$6,550 maximum in 2014) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)		
	<b>EMPLOYEE</b>	<b>FOR BA USE ONLY: EMPLOYER</b>
<b>Box #1</b> 2014 Plan Year Total Dollar Amount (January 1, 2014 – December 31, 2014)		
<b>Box #2</b> Pay Period Election ÷		
<b>Box #3</b> Reduction Per Regular Paycheck = <small>WellsFargo will deduct a \$2.00 monthly administrative fee from your HSA. The BA will deduct a \$1.50 monthly administrative fee from your paycheck.</small>		

## B Limited-Use Medical Spending Account

<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> RE-ENROLLMENT (Available to HSA Participants only)	
Receive reimbursement for eligible dental and vision expenses incurred by you, your family members or both. [Maximum allowable contribution is \$2,500 annually.]	
<b>Box #1</b> 2014 Plan Year Total Dollar Amount (January 1, 2014 – December 31, 2014)	
<b>Box #2</b> Number of Regular Paychecks ÷	
<b>Box #3</b> Reduction Per Regular Paycheck = <small>Your payroll center will automatically deduct the monthly fee of \$3.14 in addition to the above amounts.</small>	



# HSA enrollment

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- Open HSA through any qualified financial institution
- Make pretax contributions to HSA through payroll deduction
  - Must enroll in MoneyPlus HSA through Optum Bank
  - WageWorks administers MoneyPlus HSA accounts, Optum serves as custodian bank
  - WageWorks facilitates payroll transfers



# HSA enrollment

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- Enrollment limitations apply to retirees
- Subscribers do not have to re-enroll every year
- Benefits administrator sets up contributions through payroll center



# Open an HSA

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- Optum Bank account available via link on PEBA website at [www.peba.sc.gov/moneyplus.html](http://www.peba.sc.gov/moneyplus.html)
- If Optum needs additional information to open your account, a representative will contact you within three business days
- If required information is not received and verified, your enrollment will be canceled after 15 days, and you will have to re-enroll online
- You will receive a welcome packet, debit card and PIN in three separate mailings from Optum once your account is opened

# Using an HSA for ineligible expenses

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- If using funds for ineligible medical expenses
  - Amount will be included in income
  - 20 percent federal income tax penalty may apply, unless subscriber becomes disabled or dies



# HSA facts



# HSA facts

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- Interest earned is tax-free
- Account must be used for qualified medical expenses
- Bank account fee is \$1.50 per month
  - Fee waived if account balance is more than \$2,500



# HSA facts

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- Maximum annual pretax contributions
  - \$3,400 (2017) for individual
  - \$6,750 (2017) for married, filing jointly
  - Adjusted annually by IRS
- Funds carry over to next year
- Portable
- Must be enrolled in Savings Plan



# HSA facts

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- Other health coverage not allowed
- Spouse and dependents do not have to be covered by SHP Savings Plan or other high-deductible health plan
- \$1,000 catch-up provision for individuals age 55 and older
- Transferable upon death
  - Spouse can continue to use
  - Other beneficiaries receive taxable payout

# HSA MasterCard® debit card

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- Available from Optum (HSA custodian)
- No additional fee for the card
- Additional cards are available at no charge
- Cards for dependents are available at no charge
- Unlimited use of MasterCard® debit card for eligible expenses



# HSA Optum Bank services

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- There are many ways to access funds in your Optum HSA
  - Use your Optum HSA MasterCard® debit card at point of sale
  - Pay your bills for qualified expenses online at [www.optumbank.com](http://www.optumbank.com)
  - Pay out of pocket and reimburse yourself online or by withdrawing money with your debit card from any ATM with the MasterCard® logo.
  - Order Optum Bank checks – fees apply, refer to the HSA account holder fee schedule in your welcome packet or online



# HSA additional information

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- Visit IRS website, [www.irs.gov](http://www.irs.gov)
- View these materials on PEBA's website, [www.peba.sc.gov](http://www.peba.sc.gov):
  - *MoneyPlus Tax-favored Accounts Guide*
  - *Insurance Benefits Guide*
  - *Benefits Administrator Manual*

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# **Changing from an MSA to an HSA**

# Changing from an MSA to an HSA

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- If \$0 in MSA on December 31, 2016, then new HSA contributions can start January 1, 2017
- If money on deposit in MSA on December 31, 2016, then HSA contributions can start April 1, 2017

# Changing from an MSA to an HSA

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- Must stop HSA contributions (participant still owns account)
- Fill out enrollment form with \$0 for HSA contributions
- Fill in MSA contribution amount in Box C on the enrollment form
- May check box for myFBMC Card<sup>®</sup>



# New HSA

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- If enrolling by December 1, HSA participant can make maximum contribution if he remains in Savings Plan for 12 months after end of plan year



# Closing an HSA

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- Complete a *MoneyPlus Enrollment Form* with benefits administrator
  - Enter \$0 in Section A to stop contributions
  - Subscriber and benefits administrator must sign
- Funds left in account may continue to be used for qualified, unreimbursed medical expenses
- To close account, contact Optum account holder customer service at 866.884.7374



# HSA reminders

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- Advise employee not to leave HSA open with \$0 balance
- Optum will close account in 60 days if there is a negative balance
  - Account holder will get reminder in statement after 30 days
  - Account holder will then receive letter stating account is closed



# HSA reminders

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- If money in HSA, employee may continue to use money for qualified medical expenses
- When HSA account balance drops below \$25, employee should
  - Use rest of money
  - Contact Optum to close account



# **MoneyPlus administration**

For employers



# Coverage periods

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- Pretax Group Insurance Premium Feature
  - May enroll in feature when hired or during open enrollment in October
  - Coverage continues from one year to next; no need to re-enroll each October
- DCSA and MSA
  - Must re-enroll in spending accounts each October for next plan year
  - Coverage stops if not re-enrolled



# Coverage periods

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- HSA
  - Must stop HSA contributions before the start of MSA contributions
  - No retroactive changes
- Change in status (i.e., marriage, divorce, birth, death)
  - Can make DCSA and MSA changes within 31 days after event

# MoneyPlus administration



South Carolina Public Employee Benefit Authority

Insurance Benefits

MONEYPLUS Accounts

PLAN YEAR: \_\_\_\_\_

## CHANGE IN STATUS (CIS) FORM

Social Security Number	Name (Please Print) Last	First	MI
Home/Mailing Address	Street	City	State ZIP Code

### Type Of Change Requested

Change Existing Account (Select accounts you wish to change.)	Start Account (Select accounts you wish to begin.)	Terminate Account (Select accounts you wish to end.)
<input type="checkbox"/> Medical Spending Account*	<input type="checkbox"/> Medical Spending Account*	<input type="checkbox"/> Medical Spending Account*
<input type="checkbox"/> Dependent Care Account	<input type="checkbox"/> Dependent Care Account	<input type="checkbox"/> Dependent Care Account
<input type="checkbox"/> Limited-use Medical Spending Account	<input type="checkbox"/> Limited-use Medical Spending Account	<input type="checkbox"/> Limited-use Medical Spending Account

\* Are you currently using the myFBMC Card\* with your MONEYPLUS Medical Spending Account? ☐ Yes ☐ No

### Qualified Change Events (Check and date all that apply.)

Event Date	Event	Event Date	Event	Tax Filing Status (please check one)
_____	Marriage	_____	Dependent not eligible (marriage, age, loss of dependent status)	<b>Dependent Care Accounts only</b>
_____	Birth	_____	Spouse begins Employment	<input type="checkbox"/> Married filing separately (maximum - \$2,500)
_____	Adoption	_____	Spouse ends Unpaid Leave	<input type="checkbox"/> Married filing jointly (maximum - \$5,000)
_____	Placement for Adoption	_____	Divorce	<input type="checkbox"/> Single, head of household (maximum - \$5,000)
_____	Placement for Custody	_____	Change in Day Care Provider	
_____	Spouse ends Employment	_____	Employee begins Unpaid Leave	
_____	Spouse begins Unpaid Leave	_____	Employee ends Unpaid Leave	
_____	Spouse passed away	_____	Employee ends Unpaid Leave	
_____	Dependent passed away	_____	Change from full- to part-time (self, spouse, dependent)	
		_____	Change from part- to full-time (self, spouse, dependent)	



# Payroll setup

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- Enrollment forms can be used from open enrollment periods in October
- Payroll deductions for new plan year start January 1
- Electronic data exchanges and mail

# MoneyPlus administration



## MONEYPLUS FLEXIBLE SPENDING ACCOUNT DIRECT DEPOSIT AUTHORIZATION FORM

Before completing this form, read the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. Fax the completed form to: **866-672-4780**.

Last Name:  First Name:  MI:

Social Security Number:  Work Phone:

Action: ☐ New ☐ Change ☐ Cancel Effective Date:

Name of Financial Institution:

Account Number:  Type of Account: ☐ Checking ☐ Savings

Routing Transit Number:  Ownership of Account: ☐ Self ☐ Joint ☐ Other

I certify that I have read and understand the back of this form. By signing this agreement, I authorize WageWorks to initiate credit entries to the account indicated above for the purpose of reimbursement from my flexible spending account(s). I also authorize WageWorks, to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HOW TO COMPLETE THIS FORM

1. Read the back of the form completely.
2. Fill in all boxes above.
3. Sign and date the form.
4. If the account is not in your name alone, have the other account holder sign also.
5. Fax the form to the fax number above.

**TIP** Call your financial institution to make sure they will accept direct deposits.

**TIP** Verify your account number and routing transit number with your financial institution.

**TIP** Do not use a deposit slip to verify the routing number.

Thank You!

JOHN PUBLIC  
123 Main Street  
Your Town, FL 12345

Pay to the order of:

Your Town Bank  
Your Town, FL 12345

or

+1 250 660 0005 1345 6789012

NOTE: THE ACCOUNT AND ROUTING NUMBERS MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

WAGEWORKS

SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY  
INSURANCE BENEFITS

South Carolina Public Employee Benefit Authority  
Employee Insurance Program  
MoneyPlus Flexible Spending Account

**WageWorks®**

## Deposit of MoneyPlus CONTRIBUTIONS

Entity Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Payroll Date(s) (NOT payroll period): \_\_\_\_\_

1. Dependent Care Spending Account Deductions	\$ _____	<b>Please Note:</b> This slip must be attached to ALL checks. If not attached, deposit and payroll information will be held until received.
2. Medical Spending Account Deductions	\$ _____	
3. Health Savings Account Contributions	\$ _____	
4. Total (Lines 1, 2 & 3)	\$ _____	

For amounts indicated on Line 4, make checks payable to: **South Carolina MoneyPlus**. Send checks, along with this form, to: **WageWorks, Client Accounting, PO Box 1840, Tallahassee, FL 32302-1840**, within five business days of payroll ending date.

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Please ensure that all information is complete and accurate.*

HE WWSG ContribDepot(0911)

South Carolina Public Employee Benefit Authority  
Employee Insurance Program  
MoneyPlus Flexible Spending Account

**WageWorks®**

## Deposit of MoneyPlus ADMINISTRATIVE FEES

Entity Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Payroll Date(s) (NOT payroll period): \_\_\_\_\_

Administrative Fees	\$ _____	<b>Please Note:</b> This slip must be attached to ALL checks. If not attached, deposit and payroll information will be held until received.
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For Administrative Fees only, make checks payable to: **WageWorks, Inc.** Send checks, along with this form, to: **WageWorks, Inc. PO Box 45584, San Francisco, CA 94145-0584**, within five business days of payroll ending date.

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Please ensure that all information is complete and accurate.*



# Payroll processing

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- MoneyPlus discrepancy reports must be reviewed as soon as possible
  - Differences expected/received
  - Timely response keeps errors from compounding
- Missed flexible spending account deductions for two consecutive payrolls
  - Account closed



# Payroll processing

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- Payroll data and funds received must match
  - WageWorks cannot enter unbalanced transactions
  - Negative deductions acceptable
  - Separate payments are required for fees and participant contributions



# HSA reminders

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- Participant must enroll in Savings Plan
- Participant must sign up for HSA payroll deductions using MoneyPlus enrollment form
- Participant must open bank account by December 31, 2016, to ensure elections for January are deposited in account



# HSA reminders

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- Contributions held in suspense if Optum account is not opened
- Contributions returned to payroll center after 90 days



# HSA reminders

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- Employer sends payroll deductions to WageWorks
- WageWorks
  - Balances contributions
  - Monitors contributions for yearly maximum
  - Sends contributions to Optum
- Optum
  - Deposits deductions into participant's accounts

# myFBMC Card® reminders

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- IRS requires adjudication (documentation) for every transaction
- Some items can be automatically adjudicated
  - Electronic records contain necessary documentation
  - Known copays
  - Inventory Information Approval Systems (IIAS)

# myFBMC Card<sup>®</sup> reminders

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- Cardholders get quarterly statements
  - Highlighted transactions need supporting documentation
  - Highlighted transactions on statement for two consecutive quarters – card suspended
  - Account reactivated after receipt and adjudication of supporting documentation

# myFBMC Card® reminders

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- Auto-substitution occurs when paper claim received and approved
- If card still suspended at end of run-out period and after notices:
  - myFBMC Card® suspended permanently
  - Outstanding amounts reclassified as income in next W-2 tax form



# Resources

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- [www.myFBMC.com](http://www.myFBMC.com)
- [www.peba.sc.gov](http://www.peba.sc.gov)
- [www.irs.gov](http://www.irs.gov)
- *Benefits Administrator Manual*
- *Insurance Benefits Guide – MoneyPlus chapter*
- *MoneyPlus Tax-Favored Accounts Guide*



# MoneyPlus reminders

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- Subscribers are responsible for their benefits
- Enroll in DCSA and MSA each year during October enrollment period
- Enrollment is not automatic
- Make changes to DCSA and MSA within 31 days of a change in status
- Make changes to HSA first of any month

# MoneyPlus

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- Administrative departments
  - Start-up (new)
  - Enrollment
  - Deduction Management
  - Status Change
- WageWorks  
800.342.8017  
Fax: 888.800.5217  
[www.myFBMC.com](http://www.myFBMC.com)



# Disclaimer

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This presentation does not constitute a comprehensive or binding representation regarding the employee benefits offered by the South Carolina Public Employee Benefit Authority (PEBA). The terms and conditions of the retirement and insurance benefit plans offered by PEBA are set out in the applicable statutes and plan documents and are subject to change. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.